REQUEST for GAS SERVICE

Date UIC Activity Requestor Information Requestor Code Telephone/DSN Email address Point of Contact Telephone Billing Address: Command Billing Information Street City State Zip Paying Address: Command Street City State Zip 3 Required Date Project Name/Number Govt. Owned Govt. Leased Service Address / Bldg #: Street City State Zip Scope Of Utility Work: Project Information Utility Provider/ Address: Provider City Street State Zip Funding Available: Funding Source Point of Contact Yes No Telephone Email address

REQUEST for GAS SERVICE

Type of Service: New Service Main or Extension New Service Lateral or Extension Line Relocation

Delivery Pressure Requirements (REQUIRED): 6" W.C

12" W.C

1 PSI

2 PSI

Other

Type of Gas Service: Utility Provider Firm

Utility Provider Interrupt

Utility Provider Transport Interrupt

Utility Provider Transport Firm

Point of Connection: Load Side of Meter Regulator Combo Other

SPECIAL REQUIREMENTS: Yes No . If YES provide specific details in the remarks below.

PROVIDE CONNECTION POINT DRAWING/EQUIPMENT SCHEDULE & SITE UTILITY DRAWINGS

	Type of Equipment	Qty	BTU/Hr	Avg Peak (ccf/hr)	Max Demand (ccf/hr)
,	Water Heater				
	HVAC				
	Process Equipment				
	Other				
	Totals:				

Estimated Annual Consumption:

Estimated Annual Cost = MBTU/Yr or Therms/Yr X \$ per MBTU or \$/Therm:

Estimated Annual Consumption = Hourly Peak Demand (ccf/hr) X Heating season Hrs X Utilization factor:

(MBTU = Thousand Btu = .001 MMBTU) (MMBTU = Million Btu = Decatherm = MCF = 10 ccf = 10 Therms)

Remarks

- PROVIDE CONNECTION POINT DRAWING/ EQUIPMENT SCHEDULE & SITE UTILITY DRAWINGS
- SUBMIT ELECTRONICALLY TO NFECL_utilitiesacquisition@navy.mil .